

20

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

1062855

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER FIRST AMENDMENT | | AFTER THIRD AMENDMENT | |
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| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL CLAIMS | 11 | | | | | |

| | AS FILED | | AFTER FIRST AMENDMENT | | AFTER THIRD AMENDMENT | |
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| TOTAL IND. | | | | | | |
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